



Kansas Medical Assistance Program: Fee-For-Service Program Assessment State Fiscal Year 2016

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Introduction

This *Program Assessment* report prepared for the Kansas Medical Assistance Program (KMAP) provides analysis of trends in drug utilization for KMAP in State Fiscal Year (SFY) 2016. Included in the analysis are the overall drug claims and expenditures as well as claims and expenditures broken down by program type and therapeutic drug class.

This analysis identifies where changes in utilization and/or expenditures occurred during the past SFY to help KMAP identify areas in which management and/or interventions may be useful for the fee-for-service (FFS) beneficiaries.

On January 1, 2013, the majority of FFS members were transitioned to KanCare and enrolled in one of three managed care organizations (MCOs). Comparing SFY 2014, SFY 2015, and SFY 2016, the number of FFS expenditures, claims, users, and cost per claim continued to decrease as coverage under the MCOs increased; however, total members have continued to increase.

Claims Totals

SFY 2016 includes FFS beneficiaries enrolled in the AIDS Drug Assistance Program (ADAPD), MediKan (MKN), and Title 19 Medicaid (TXIX).

Table 1 contains the FFS summary of totals for SFY 2016 (July 1, 2015–June 30, 2016) compared to SFY 2015 (July 1, 2014–June 30, 2015) and SFY 2014 (July 1, 2013–June 30, 2014).

	SFY 2016	SFY 2015	SFY 2014
Total Expenditures	\$8,096,516	\$9,911,032	\$14,678,118
Total Claims	45,358	47,098	52,343
Total Members	33,464	11,193	9,717
Total Users	1,729	2,428	2,491
Cost Per Member	\$242	\$886	\$1,511
Cost Per User	\$4,682	\$4,082	\$5,892
Cost Per Claim	\$178	\$210	\$280

Table 1: FFS Program Summary for SFY 2016 Compared to SFY 2015 and SFY 2014

For dates of service from July 1, 2015 through June 30, 2016 (SFY 2016), KMAP paid over 45,000 prescription claims for FFS members and paid over \$8 million (rebates not included) to retail pharmacies for KMAP prescriptions. Compared to SFY 2015, there was an 18% decrease in total expenditures and 3% reduction in total claims, while total users decreased 29%. The cost per claim decreased by \$32 per claim (15%). When compared to SFY 2014, there was a 45% decrease in total expenditures, 13% reduction in total claims, 30% decrease in total users, and cost per claim decreased by \$102 per claim (36%).

Overall Program Totals

Several member eligibility types remain in FFS. The three main types with pharmacy coverage include Title 19 (TXIX), MediKan (MKN), and AIDS Drug Assistance Program (ADAPD).

FFS Program Types

TXIX, or Medicaid, is the health insurance program that helps low income people pay for health services including preventative, primary, and acute health services for individuals, children, and families.

Note: Most TXIX beneficiaries are assigned to one of the KanCare (KC) MCOs, but specific system-designed logic exists that will exclude a beneficiary from being assigned to an MCO completely or for a particular time period. Exclusions are typically related to the type of eligibility, living arrangement type, or timing of retroactive eligibility.

MKN is the state-funded health insurance program for adults 18 years or older and covers fewer services than Medicaid.

ADAPD is the program that covers the cost of medications dispensed by a retail pharmacy for those enrolled individuals who have AIDS or are HIV positive.

Figure 1 shows the number of users, claims, and claims cost for all of FFS by month for SFY 2016.

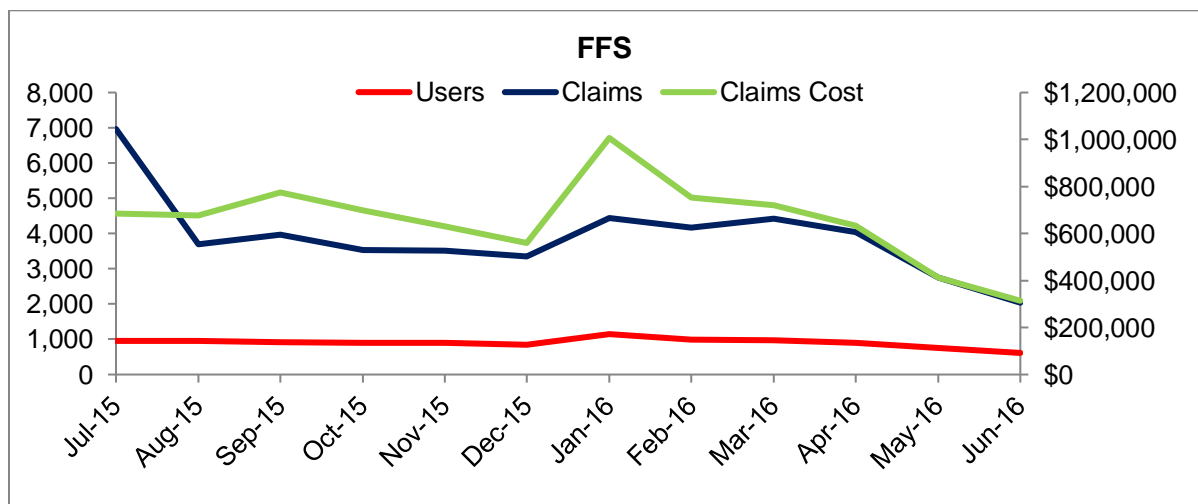


Figure 1: All FFS Users, Claims, and Claims Cost per Month for SFY 2016

In SFY 2016, the number of claims and claims cost per month varied from July 2015 to June 2016. Total users remained fairly steady throughout the fiscal year, with a slight increase in January 2016. There was marked variability in claims cost, with a spike in January 2016. A review of claims data did not identify any specific causes for this change. It is likely a ripple effect from increased users (305 new beneficiaries).

TXIX Program Totals

Figure 2 shows the number of users, claims, and claims cost for TXIX by month for SFY 2016.

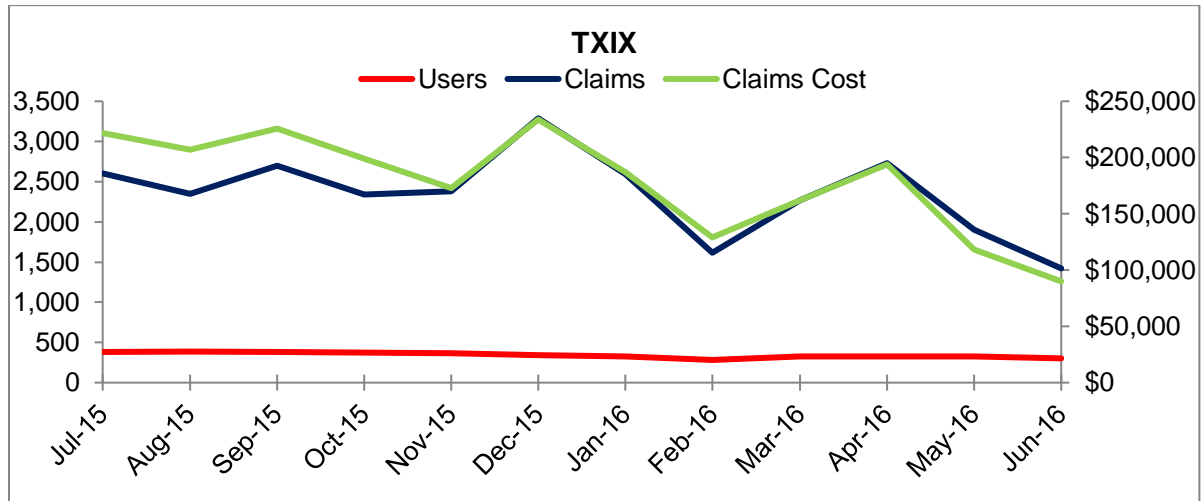


Figure 2: TXIX Users, Claims, and Claims Cost per Month for SFY 2016

For TXIX, the number of users remained steady during SFY 2016. The claims and claims cost have been steadily decreasing, with a low point occurring in February 2016. A review of claims data did not identify any specific causes for this change.

ADAPD Program Totals

Figure 3 shows the number of users, claims, and claims cost for ADAPD by month for SFY 2016.

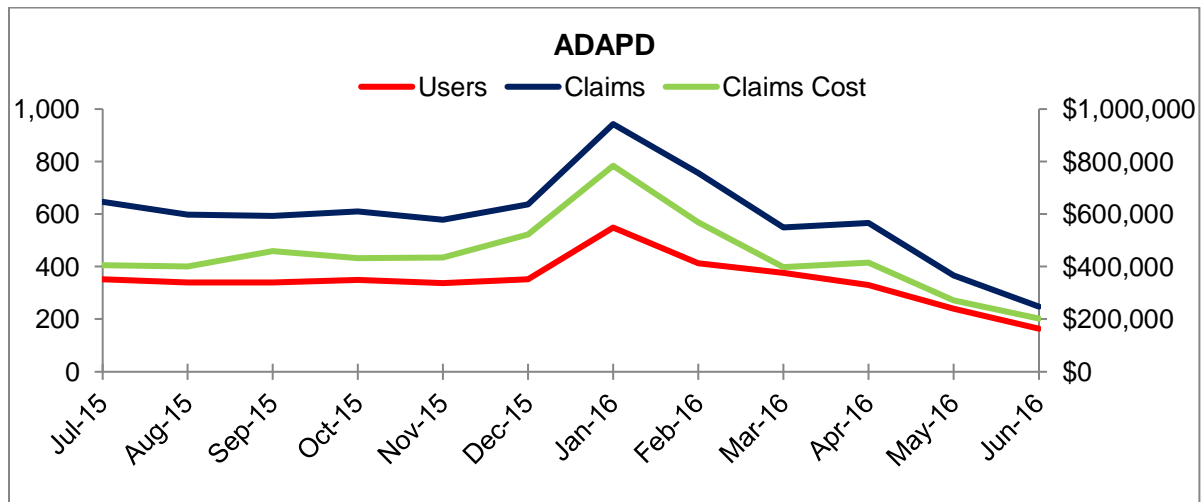


Figure 3: ADAPD Users, Claims, and Claims Cost per Month for SFY 2016

The number of users, claims, and claims cost decreased overall during SFY 2016. There was a sharp change in January 2016, when users, claims and claims cost increased dramatically. This is likely a ripple effect from increased users (almost 200 new beneficiaries).

MKN Program Totals

Figure 4 shows the number of users, claims, and claims cost for MKN by month for SFY 2016.

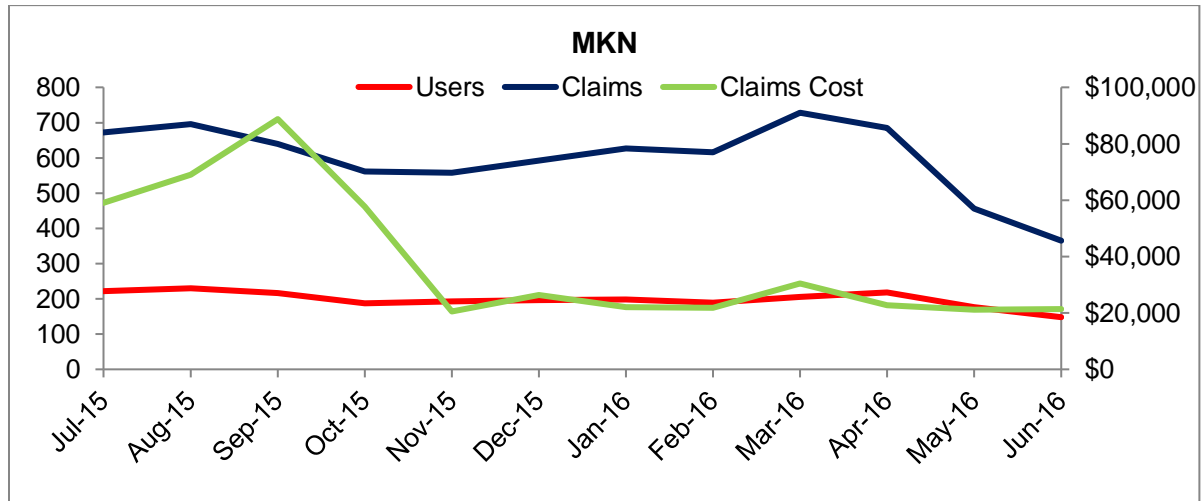


Figure 4: MKN Users, Claims, and Claims Cost per Month for SFY 2016

The MKN claims cost increased at the beginning of the fiscal year, starting in July 2015 and ending with a sharp decrease after September 2015. Between the months of July 2015 and October 2015, two MKN beneficiaries completed therapy with Harvoni®. Once therapy was complete, costs returned to levels seen consistently throughout the rest of the fiscal year.

Share of FFS Claims and Claims Cost

Figure 5 shows the share of FFS claims for ADAPD, TXIX, and MKN for SFY 2016.

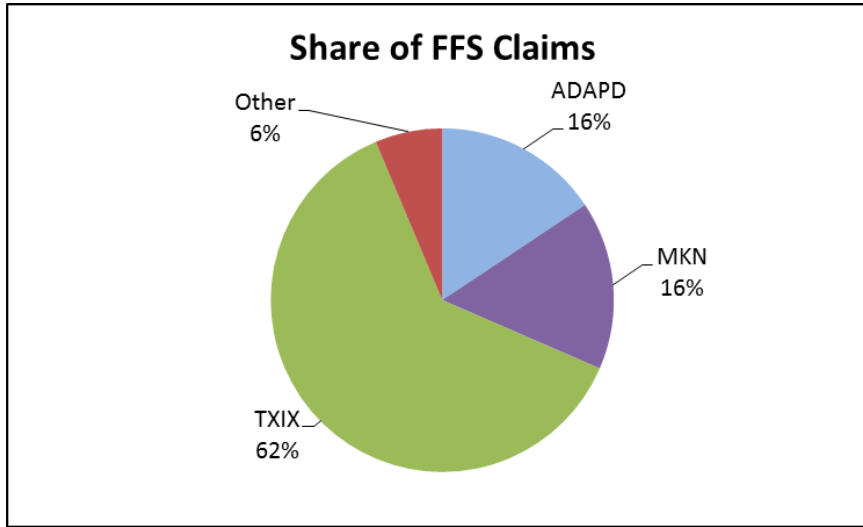


Figure 5: ADAPD, TXIX, and MKN Share of SFY 2016 FFS Claims

During SFY 2016, the TXIX program had 28,191 claims, which accounted for 62% of the 45,358 FFS claims paid. The ADAPD and MKN programs accounted for 16% each. The remaining 6% of FFS claims come from other coverage plans in the FFS population.

Figure 6 shows the share of FFS claims cost for ADAPD, TXIX, and MKN for SFY 2016.

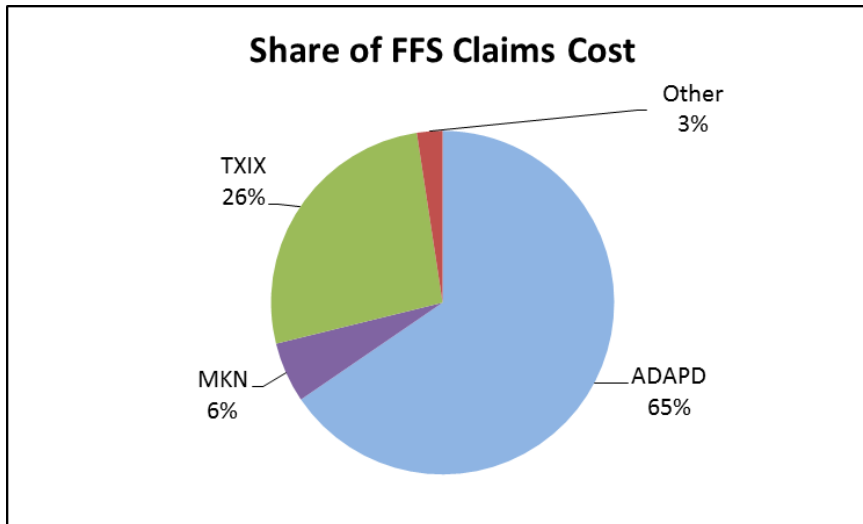


Figure 6: ADAPD, TXIX, and MKN Share of SFY 2016 FFS Claims Cost

While the ADAPD program only accounted for 16% of the claims paid for FFS, it accounted for 65% of the total claims cost. During SFY 2016, over \$8 million was paid for FFS claims, with over \$5 million going toward ADAPD claims. The TXIX program accounted for 62% of the FFS claims paid but only 26% of the claims cost during SFY 2016. The MKN program accounted for 16% of the FFS claims and 6% of the claims cost during SFY 2016. The remaining 3% of FFS claims costs come from other coverage plans in the FFS population.

Comparison of Share of FFS Claims and Claims Cost Post-KanCare

Below are graphical representations of share of claims and claims cost for the largest FFS programs after the implementation of the KanCare program, where beneficiaries were transitioned to eligible MCO programs for benefits coverage.

Figure 7 shows the share of FFS claims for ADAPD, TXIX, and MKN for SFY 2014, SFY 2015, and SFY 2016.

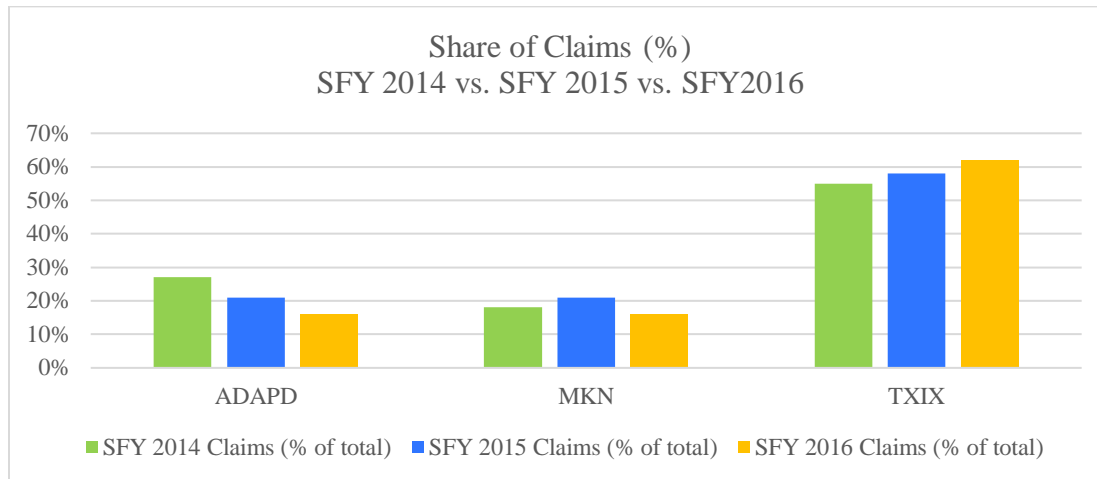


Figure 7: ADAPD, TXIX, and MKN Share of FFS Claims for SFY 2014 versus SFY 2015 versus SFY 2016

During the past three fiscal years, the TXIX program has continued to provide the highest number and percentage of claims for the FFS program. ADAPD claims decreased slightly, while MKN claims remained fairly consistent.

Figure 8 shows the share of claims cost of FFS claims for ADAPD, TXIX, and MKN for SFY 2014, SFY 2015, and SFY 2016.

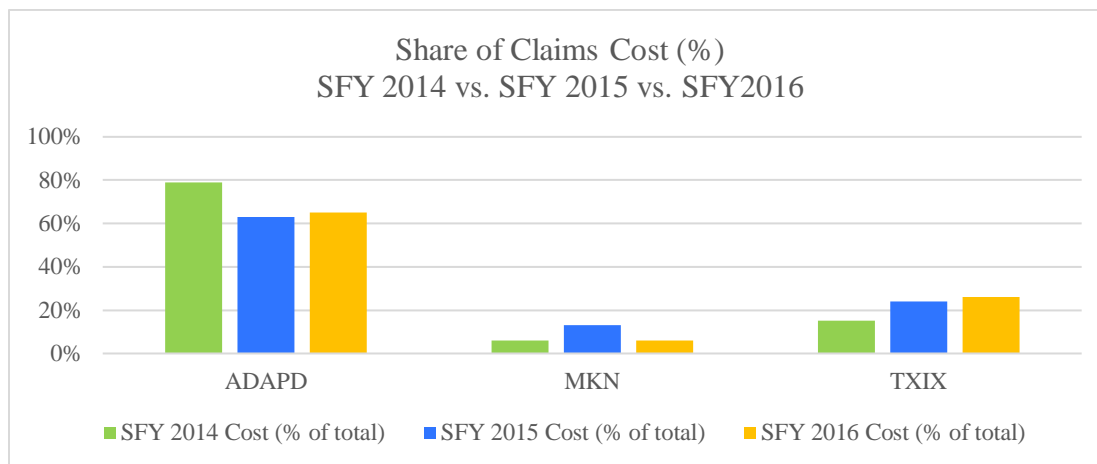


Figure 8: ADAPD, TXIX, and MKN Share of FFS Claims Cost for SFY 2014 versus SFY 2015 versus SFY 2016

During the past three fiscal years, the ADAPD program has continued to provide the highest percentage of claims cost for the FFS program. MKN percentage of claims cost has decreased from SFY 2015. TXIX percentage of claims cost increased from SFY 2015.

Drug Classification Reporting

It is important not only to report the number of beneficiaries, number of claims, and claims cost by yearly and monthly totals but also to look at trends by therapeutic drug classes.

Therapeutic drug class reporting is based on the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification third hierarchy level. An example of the AHFS classification (for Central Nervous System Agents) is shown below. Reporting is done at the third hierarchy level (antipsychotics are provided as an example in the table below).

AHFS Pharmacologic-Therapeutic Classification Hierarchy Example	
28:00	Central Nervous System Agents
28:16	Psychotherapeutic Agents
28:16.08	Antipsychotics*
28:16.08.04	Atypical Antipsychotics
28:16.08.08	Butyrophenones
28:16.08.24	Phenothiazines
28:16.08.32	Thioxanthenes
28:16.08.92	Antipsychotics, Miscellaneous

*Therapeutic classes are reported at this level.

The number of claims and share of claims for the overall FFS population, as well as the sub-groups, are shown to identify differences in the programs. Likewise, the claims cost and share of claims cost for the different programs are shown to identify differences in program spend.

FFS Top Therapeutic Drug Classes

Table 2 reports the top 20 therapeutic drug classes by number of claims for the entire FFS population. See [Appendix A](#) for a list of drugs with utilization in SFY 2016 included in each class. The number of claims used to calculate the share of claims was 45,358.

AHFS Therapeutic Class	Claims	Share of Total Claims (%)	Beneficiaries	Cost/Claim
ANTIRETROVIRALS	6,189	13.64	909	\$855
ANTIPSYCHOTIC AGENTS	5,505	12.14	375	\$263
ANTIDEPRESSANTS	3,501	7.72	516	\$14
ANTICONVULSANTS, MISCELLANEOUS	3,374	7.44	325	\$35
CATHARTICS AND LAXATIVES	2,653	5.85	209	\$9
SECOND GENERATION ANTIHISTAMINES	2,298	5.07	230	\$5
HMG-COA REDUCTASE INHIBITORS	1,012	2.23	183	\$9
ANTICHOLINERGIC AGENTS (CNS)	983	2.17	97	\$9
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	959	2.11	190	\$4
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	884	1.95	254	\$8
BETA-ADRENERGIC BLOCKING AGENTS	865	1.91	183	\$7
THYROID AGENTS	849	1.87	105	\$12
BENZODIAZEPINES (ANTICONVULSANTS)	794	1.75	128	\$44
OPIATE AGONISTS	780	1.72	160	\$37
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	707	1.56	132	\$6
PROTON-PUMP INHIBITORS	657	1.45	81	\$7
INSULINS	603	1.33	83	\$270
BIGUANIDES	595	1.31	104	\$5
BETA-ADRENERGIC AGONISTS	450	0.99	174	\$43
LOOP DIURETICS	422	0.93	75	\$4

Table 2: Top 20 FFS Therapeutic Drug Classes Based on Number of Claims

Antiretrovirals made up the highest utilized drug class for the entire FFS population with 13.64% of all FFS claims, followed by antipsychotic agents with 12.14% of all FFS claims.

Antipsychotic utilization and expenditures remained fairly steady throughout SFY 2016. Historically, antipsychotic agents have made up a large portion of the FFS expenditures and utilization. Compared to SFY 2015, the top four classes remained the same for number of claims with the addition of cathartic and laxative class moving into the top five. Beta-adrenergic agonists are new to the list for the current fiscal year.

Table 3 reports the top 20 therapeutic drug classes by claims cost for the entire FFS population. The claims cost used to calculate the share of claims cost was \$8,096,516.

AHFS Therapeutic Class	Claims Cost	Share of Total Claims Cost (%)	Beneficiaries	Cost/Claim
ANTIRETROVIRALS	\$5,291,758	65.36	909	\$855
ANTIPSYCHOTIC AGENTS	\$1,448,851	17.89	375	\$263
HCV ANTIVIRALS	\$204,059	2.52	3	\$25,507
INSULINS	\$162,688	2.01	83	\$270
ANTICONVULSANTS, MISCELLANEOUS	\$119,523	1.48	325	\$35
CORTICOSTEROIDS (RESPIRATORY TRACT)	\$86,769	1.07	86	\$309
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	\$53,828	0.66	19	\$366
ANTIDEPRESSANTS	\$48,762	0.60	516	\$14
ANTIMUSCARINICS/ANTISPASMODICS	\$47,997	0.59	54	\$166
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	\$41,051	0.51	1	\$3,732
ANTIEMETICS, MISCELLANEOUS	\$40,740	0.50	31	\$468
BENZODIAZEPINES (ANTICONVULSANTS)	\$34,763	0.43	128	\$44
NUCLEOSIDES AND NUCLEOTIDES	\$30,983	0.38	56	\$172
ANTIMALARIALS	\$29,727	0.37	13	\$619
OPIATE AGONISTS	\$28,477	0.35	160	\$37
CATHARTICS AND LAXATIVES	\$23,391	0.29	209	\$9
BETA-ADRENERGIC AGONISTS	\$19,323	0.24	174	\$43
ANTIMUSCARINICS	\$18,024	0.22	29	\$59
ANTICOAGULANTS	\$14,379	0.18	26	\$553
REPLACEMENT PREPARATIONS	\$13,012	0.16	81	\$34

Table 3: Top 20 FFS Therapeutic Drug Classes Based on Claims Cost

Antiretrovirals made up the drug class with the highest cost for the entire FFS population with 65.36% of all FFS claims cost, followed by antipsychotic agents with 17.89% of all FFS claims cost.

A new therapy on this list is antimalarials. During SFY 2016, claims cost increased significantly due to four claims for Daraprim. Daraprim's utilization is not expected to increase due to the drug's indication of a protozoan parasitic infection, which is not a common infection seen consistently. Daraprim was FDA approved prior to January 1, 1982 but has never been reformulated to a generic version. Historically, antimalarial agents have not been a significant contribution to FFS expenditures and utilization. Expenditures varied, as it was dependent on quantity of each claim. The Wholesale Acquisition Cost (WAC) per tablet for Daraprim has gone from \$0.90 in 2010 to \$17.50 early in 2015 and then \$750 later in 2015.

ADAPD Top Therapeutic Drug Classes

Table 4 reports the top five therapeutic drug classes by number of claims for the ADAPD population based on number of claims for SFY 2016. The number of claims used to calculate the share of claims was 7,096.

AHFS Therapeutic Class	Claims	Share of Total ADAPD Claims (%)	Beneficiaries	Cost/ Claim
ANTIRETROVIRALS	6,141	86.54	906	\$851
SULFONAMIDES (SYSTEMIC)	252	3.55	101	\$11
MACROLIDES	143	2.02	80	\$17
NUCLEOSIDES AND NUCLEOTIDES	126	1.78	35	\$226
ANTIDEPRESSANTS	98	1.38	35	\$8

Table 4: Top 5 ADAPD Therapeutic Drug Classes Based on Number of Claims

Table 5 reports the top five therapeutic drug classes by claims cost for the ADAPD population. The claims cost used to calculate the share of claims cost was \$5,300,414.

AHFS Therapeutic Class	Claims Cost	Share of Total ADAPD Claims Cost (%)	Beneficiaries	Cost/ Claim
ANTIRETROVIRALS	\$5,226,134	98.60	906	\$851
ANTIEMETICS, MISCELLANEOUS	\$33,006	0.62	29	\$423
NUCLEOSIDES AND NUCLEOTIDES	\$28,482	0.54	35	\$226
ANTIMALARIALS	\$17,673	0.33	4	\$2,209
AZOLES	\$7,416	0.14	41	\$99

Table 5: Top 5 ADAPD Therapeutic Drug Classes Based on Claims Cost

Antiretrovirals rank as the top utilized and most expensive drug class for ADAPD. Antiretrovirals made up 98.60% of the total claims cost and 86.54% of the total claims for the ADAPD. As for expenditures for ADAPD, antiemetics were the second most expensive therapy per claim after antiretrovirals for the top five drug classes based on claims cost.

Daraprim's utilization was within the ADAPD program. Five claims for one beneficiary from a 340B Medicaid Exclusion file provider did not contribute to the increased expenditure of Daraprim. Excluding the 340B provider, there were three beneficiaries on the medication with a total of four total claims for SFY 2016.

TXIX Top Therapeutic Drug Classes

Table 6 reports the top five therapeutic drug classes by number of claims for the TXIX population based on number of claims for SFY 2016. The number of claims used to calculate the share of claims was 28,191.

AHFS Therapeutic Class	Claims	Share of Total TXIX Claims (%)	Beneficiaries	Cost/Claim
ANTIPSYCHOTIC AGENTS	5,003	17.75	222	\$268
ANTICONVULSANTS, MISCELLANEOUS	2,851	10.11	165	\$37
CATHARTICS AND LAXATIVES	2,650	9.40	207	\$9
SECOND GENERATION ANTIHISTAMINES	2,295	8.14	227	\$5
ANTIDEPRESSANTS	1,968	6.98	164	\$18

Table 6: Top 5 TXIX Therapeutic Drug Classes Based on Number of Claims

Table 7 reports the top five therapeutic drug classes by claims cost for the TXIX population. The claims cost used to calculate the share of claims cost was \$2,140,119.

AHFS Therapeutic Class	Claims Cost	Share of Total TXIX Claims Cost (%)	Beneficiaries	Cost/Claim
ANTIPSYCHOTIC AGENTS	\$1,342,521	62.73	222	\$268
ANTICONVULSANTS, MISCELLANEOUS	\$106,011	4.95	165	\$37
INSULINS	\$97,218	4.54	35	\$231
CORTICOSTEROIDS (RESPIRATORY TRACT)	\$68,189	3.19	49	\$313
ANTIRETROVIRALS	\$62,928	2.94	10	\$1,339

Table 7: Top 5 TXIX Therapeutic Drug Classes Based on Claims Cost

For the TXIX program, antipsychotic agents made up 17.75% of claims and 62.73% of the claims cost. Historically, antipsychotic agents have always made up a large portion of drug expenditures. Antiretrovirals accounted for the most expensive of the top five therapeutic drug classes based on cost per claim.

MKN Top Therapeutic Drug Classes

Table 8 reports the top five therapeutic drug classes by number of claims for the MKN population based on number of claims for SFY 2016. The number of claims used to calculate the share of claims was 7,195.

AHFS Therapeutic Class	Claims	Share of Total MKN Claims (%)	Beneficiaries	Cost/Claim
ANTIDEPRESSANTS	1,419	19.72	321	\$8
ANTICONVULSANTS, MISCELLANEOUS	500	6.95	156	\$26
ANTIPSYCHOTIC AGENTS	495	6.90	156	\$210
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	449	6.24	130	\$2
BETA-ADRENERGIC BLOCKING AGENTS	408	5.67	125	\$6

Table 8: Top 5 MKN Therapeutic Drug Classes Based on Number of Claims

Antidepressant agents made up the highest number of claims at 19.72%, followed by anticonvulsant agents at 6.95% of claims.

Table 9 reports the top five therapeutic drug classes by claims cost for the MKN population. The claims cost used to calculate the share of claims cost was \$461,106.

AHFS Therapeutic Class	Claims Cost	Share of Total MKN Claims Cost (%)	Beneficiaries	Cost/Claim
HCV ANTIVIRALS	\$164,747	36.38	2	\$32,949
ANTIPSYCHOTIC AGENTS	\$103,953	22.54	156	\$210
INSULINS	\$65,469	14.20	46	\$366
CORTICOSTEROIDS (RESPIRATORY TRACT)	\$18,580	4.03	37	\$295
ANTICONVULSANTS, MISCELLANEOUS	\$13,231	2.87	156	\$26

Table 9: Top 5 MKN Therapeutic Drug Classes Based on Claims Cost

Hepatitis C direct-acting agents accounted for 36.38% of the claims cost for MKN for SFY 2016. Antipsychotic agents were the second most expensive class for overall claims cost. Insulins were the second most expensive agent, based on cost per claim, for all MKN claims.

Therapeutic Drug Classes Trend Summary Analysis

Within the list of therapeutic drug classes, there were changes to claims cost over the past few SFYs, which will be discussed in the following section.

Abilify Trend Summary

Abilify® demonstrated a cost fluctuation during SFY 2015 for the antipsychotic agents and continued this trend throughout SFY 2016. This trend summary applies to oral aripiprazole products, including tablets, solution and oral disintegrating tablets.

Table 10 shows the number of beneficiaries, claims, claims cost, and average cost per claim for Abilify for SFY 2015 and SFY 2016.

	Beneficiaries		Claims		Claims Cost		Cost/Claim	
	Brand	Generic	Brand	Generic	Brand	Generic	Brand	Generic
Jul-14	33	-	48	-	\$43,344	-	\$903	-
Aug-14	34	-	44	-	\$31,247	-	\$710	-
Sep-14	34	-	44	-	\$38,580	-	\$877	-
Oct-14	31	-	41	-	\$35,746	-	\$872	-
Nov-14	31	-	36	-	\$30,782	-	\$855	-
Dec-14	35	-	48	-	\$41,277	-	\$860	-
Jan-15	30	-	37	-	\$35,868	-	\$969	-
Feb-15	23	-	27	-	\$28,632	-	\$1,060	-
Mar-15	27	-	32	-	\$33,873	-	\$1,059	-
Apr-15	32	-	41	-	\$42,689	-	\$1,041	-
May-15	13	23	15	26	\$12,857	\$18,335	\$857	\$705
Jun-15	3	32	3	41	\$3,469	\$29,431	\$1,156	\$718
Jul-15	3	26	3	41	\$2,991	\$30,298	\$997	\$739
Aug-15	3	33	3	42	\$2,035	\$21,639	\$678	\$515
Sep-15	1	29	1	34	\$678	\$18,821	\$678	\$554
Oct-15	0	29	0	38	0	\$18,628	0	\$490
Nov-15	1	30	1	35	\$142	\$16,372	\$142	\$468
Dec-15	0	31	0	53	0	\$22,257	0	\$420
Jan-16	0	28	0	43	0	\$13,788	0	\$321
Feb-16	1	28	1	40	\$255	\$13,743	\$255	\$344
Mar-16	0	26	0	47	0	\$12,504	0	\$266
Apr-16	0	22	0	39	0	\$7,244	0	\$186
May-16	0	22	0	36	0	\$6,050	0	\$168
Jun-16	0	11	0	14	0	\$1,978	0	\$141

Table 10: Abilify Trend Summary

Figure 9 shows claims cost compared to the number of claims for Abilify.

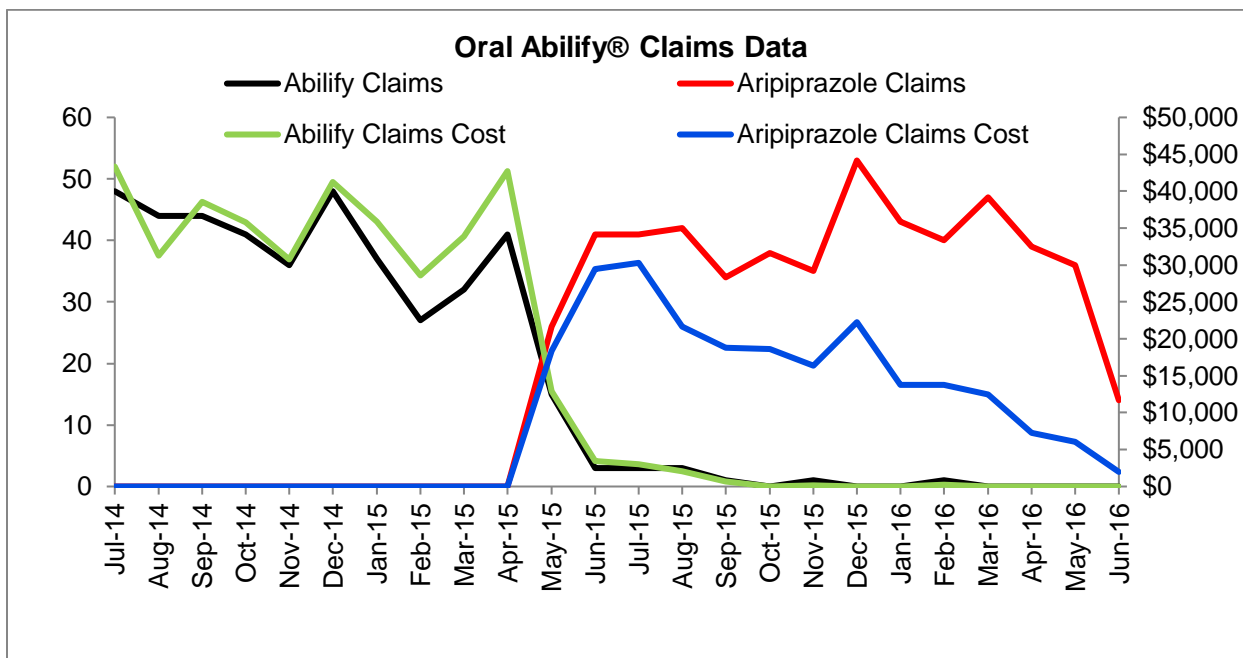


Figure 9: Oral Abilify and Aripiprazole Claims Cost Compared to Claims

The number of total claims remained relatively steady through most of SFY 2015 and SFY 2016, with a shift from oral Abilify to oral aripiprazole formulations. However, in June 2015, there was an all-time low with only three beneficiaries on the medication during that month. Claims data does not include the long-acting injectable formulation. There should be minimal impact on claims cost of the branded Abilify Maintena® and Aristada ER®, as currently each month there has only been one beneficiary on the medication and usage has been sporadic. Claims cost is roughly \$1,600–\$1,800 per month. There has been a dramatic decrease in claims cost of the generic oral formulation (80%) since its release in May 2015.

Antipsychotics Trend Summary

Table 11 shows the number of beneficiaries, claims, claims cost, and average cost per claim for antipsychotics for SFY 2015 and SFY 2016.

	Beneficiaries	Claims	Claims Cost	Cost/Claim
Jul-14	224	517	\$147,787	\$286
Aug-14	208	454	\$129,615	\$285
Sep-14	207	476	\$140,127	\$294
Oct-14	211	450	\$133,694	\$297
Nov-14	215	433	\$117,266	\$271
Dec-14	214	501	\$137,729	\$275
Jan-15	202	452	\$137,335	\$304
Feb-15	202	453	\$127,753	\$282
Mar-15	216	449	\$134,385	\$299
Apr-15	208	433	\$139,104	\$321
May-15	206	441	\$130,443	\$296
Jun-15	229	509	\$146,260	\$287
Jul-15	220	540	\$153,756	\$285
Aug-15	221	473	\$131,662	\$278
Sep-15	207	510	\$125,619	\$246
Oct-15	200	457	\$121,693	\$266
Nov-15	203	438	\$112,491	\$257
Dec-15	201	583	\$161,417	\$277
Jan-16	205	485	\$119,815	\$247
Feb-16	199	482	\$127,661	\$265
Mar-16	204	517	\$131,938	\$255
Apr-16	186	474	\$119,053	\$251
May-16	163	345	\$82,313	\$239
Jun-16	123	211	\$61,433	\$291

Table 11: Antipsychotic Agents Trend Summary

Figure 10 shows claims cost compared to the number of claims for antipsychotics.

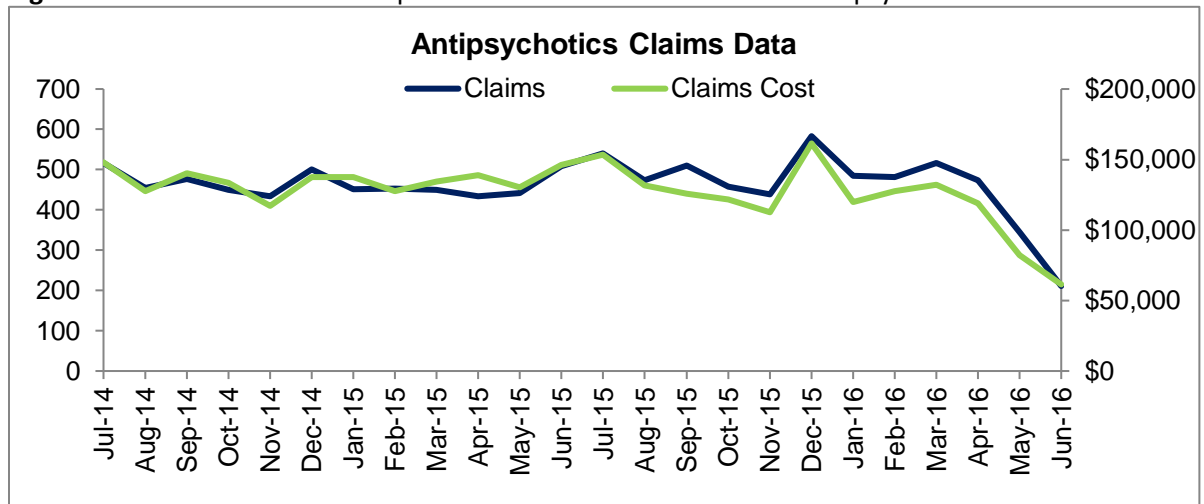


Figure 10: Antipsychotics Claims Cost Compared to Claims

Antipsychotic utilization and expenditures remained fairly steady throughout SFY 2015 and SFY 2016, with a decrease in overall claims starting in April 2016. Historically, antipsychotic agents have made up a large portion of the FFS expenditures and utilization.

Conclusion

During SFY 2016, overall utilization and expenditures decreased slightly for the FFS population. In January 2013, the majority of the FFS beneficiaries were moved to one of three MCOs, shifting the majority of the utilization and expenditures to the KanCare program. Most FFS beneficiaries fall into one of three programs: ADAPD, TXIX, and MKN. The ADAPD beneficiaries accounted for over 65% of the total FFS expenditures but only 16% of the total claims paid. This is due to the high cost of antiretroviral therapies, with an average cost per claim of \$850.

Between SFY 2015 and SFY 2016, the average cost per claim continued to decrease. Although there was not a particular medication identified for this change, there were minor decreases in cost per claim for several of the top 20 therapeutic drug classes for the overall FFS population, which likely contributed to the overall decrease in cost per claim for SFY 2016.

Table 12 shows the FFS claims cost, number of claims, and average members per month for the past eight years.

Period Covered	Claims Cost	Claims	Average Cost/Claim
SFY 2016	\$8,096,516	45,358	\$178.50
SFY 2015	\$9,911,032	47,098	\$210.43
SFY 2014	\$14,678,118	52,343	\$280.42
SFY 2013	\$90,994,439	1,110,050	\$81.97
SFY 2012	\$176,615,977	2,156,498	\$81.90
SFY 2011	\$172,298,691	2,177,286	\$79.13
SFY 2010	\$161,952,882	2,098,289	\$77.18
SFY 2009	\$175,149,636	2,040,759	\$85.83

Table 12: Past Years' Totals

Appendix A – Drugs by Class*

Angiotensin-Converting Enzyme Inhibitors

Benazepril
Benazepril/Amlodipine
Enalapril
Enalapril/Hydrochlorothiazide
Fosinopril
Lisinopril
Lisinopril/Hydrochlorothiazide
Quinapril

Anticholinergic Agents (CNS)

Benztrapine

Anticoagulants

Apixaban
Dabigatran
Enoxaparin
Rivaroxaban
Warfarin

Anticonvulsants, Misc.

Carbamazepine
Eslicarbazepine
Divalproex
Ethosuximide
Gabapentin
Lacosamide
Lamotrigine
Levetiracetam
Oxcarbazepine
Phenobarbital
Phenytoin
Pregabalin
Topiramate
Valproic Acid
Zonisamide

Antidepressants

Amitriptyline
Amoxapine
Bupropion
Citalopram
Desvenlafaxine
Doxepin
Duloxetine
Escitalopram
Fluoxetine
Fluvoxamine
Imipramine
Mirtazapine
Nortriptyline
Paroxetine
Perphenazine/Amitriptyline
Sertraline

Trazodone
Venlafaxine
Vilazodone

Antiemetics, Miscellaneous

Dronabinol
Prochlorperazine
Promethazine

Antimalarials

Hydroxychloroquine
Pyrimethamine

Antimuscarinics

Darifenacin
Oxybutynin
Solifenacin

Antimuscarinics/

Antispasmodics

Dicyclomine
Ipratropium
Ipratropium/Albuterol
Methscopolamine

Antipsychotic Agents

Aripiprazole
Asenapine
Bexiprazole
Chlorpromazine
Clozapine
Fluphenazine
Haloperidol
Iloperidone
Loxapine
Lurasidone
Olanzapine
Paliperidone
Perphenazine
Quetiapine
Risperidone
Thioridazine
Trifluoperazine
Ziprasidone

Antiretrovirals

Abacavir
Abacavir/Lamivudine
Abacavir/Dolutegravir/
Lamivudine
Atazanavir
Atazanavir/Cobicistat
Cobicistat/Elvitegravir/Emtricitabine/Tenofovir
Darunavir
Darunavir/Cobicistat

Didanosine
Dolutegravir
Efavirenz
Efavirenz/Emtricitabine/Tenofovir
Emtricitabine
Emtricitabine/Tenofovir
Emtricitabine/Rilpivirine/Tenofovir
Etravirine
Fosamprenavir
Indinavir
Lamivudine
Lamivudine/Zidovudine
Lopinavir/Ritonavir
Nelfinavir
Nevirapine
Raltegravir
Rilpivirine
Ritonavir
Tenofovir
Zidovudine

Azoles

Clotrimazole
Econazole
Fluconazole
Itraconazole
Ketoconazole
Mebendazole
Miconazole

Benzodiazepines (Anticonvulsants)

Clobazam
Clonazepam

Benzodiazepines (Anxiolytic, Sedatives & Hypnotics)

Alprazolam
Diazepam
Lorazepam
Temazepam

Beta-Adrenergic Agonists

Albuterol

Beta-Adrenergic Blocking Agents

Atenolol
Bisoprolol/Hydrochlorothiazide
Carvedilol
Labetalol
Metoprolol
Nebivolol
Propranolol
Sotalol

Biguanides

Metformin

Cathartics and Laxatives

Bisacodyl
Docusate
Glycerin
Lactulose
Linaclotide
Lubiprostone
Magnesium Hydroxide
Magnesium
Methylcellulose
Polyethylene Glycol 3350
Psyllium
Sennosides
Sennosides/Docusate

Corticosteroids (Respiratory Tract)

Beclomethasone
Budesonide
Budesonide/Formoterol
Fluticasone
Fluticasone/Salmeterol
Mometasone/Formoterol

Dipeptidyl Peptidase-4 (DDP-4) Inhibitors

Linagliptin
Saxagliptin
Sitagliptin

Disease-Modifying Antirheumatic Agents

Adalimumab

HCV Antivirals

Ledipasvir/Sofosbuvir
Ombitasvir/Paritaprevir/Ritonavir /Dasabuvir

HMG-CoA Reductase

Inhibitors

Atorvastatin
Lovastatin
Pravastatin
Rosuvastatin
Simvastatin

Insulins

Insulin Aspart
Insulin Aspart Protamine/Aspart
Insulin Detemir
Insulin Glargine
Insulin Lispro
Insulin NPH
Insulin NPH/Regular
Insulin Regular

Loop Diuretics

Furosemide
Torsemide

Macrolides

Azithromycin
Clarithromycin
Clindamycin
Erythromycin

Nonsteroidal Anti-Inflammatory Agents

Aspirin
Celecoxib
Diclofenac
Diclofenac/Misoprostol
Etodolac
Ibuprofen
Indomethacin
Meloxicam
Nabumetone
Naproxen
Piroxicam

Nucleosides & Nucleotides

Acyclovir
Famciclovir
Ribavirin
Valacyclovir
Valganciclovir

Opiate Agonists

Codeine/Acetaminophen
Fentanyl
Hydrocodone/Acetaminophen
Hydromorphone
Morphine
Oxycodone
Oxycodone/Acetaminophen
Tramadol
Tramadol/Acetaminophen

Proton-Pump Inhibitors

Esomeprazole
Lansoprazole
Omeprazole
Pantoprazole

Replacement Preparations

Calcium
Electrolyte Solution
Potassium
Sodium Chloride Solution
Vitamin D3

Second Generation

Antihistamines

Cetirizine
Loratadine

Sulfonamides (Systemic)

Sulfadiazine
Sulfamethoxazole/Trimethoprim
Sulfasalazine

Thyroid Agents

Armour Thyroid
Levothyroxine

* This list only includes agents with claims during SFY 2016.